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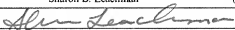
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Sharon B. Leachman	(E-File's printed name)
	(signature)
October 26, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/693,833	10/24/2003	Marcel Limousin	8707-2165	1007

TITLE OF INVENTION: MANAGEMENT OF RESPIRATORY PAUSES OF HYPOPNEA IN AN ACTIVE IMPLANTABLE MEDICAL DEVICE OF THE CARDIAC PACEMAKER, DEFIBRILLATOR, CARDIOVERTOR OR MULTISITE DEVICE TYPE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DUE DATE
Nonprovisional	NO	\$1510	\$300	\$1810	12/10/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
ALTER, ALYSSA MARGO	3762	607-042000

1. Change of Correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. _____
2. **Orrick Herrington & Sutcliffe, LLP**
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ELA MEDICAL S.A.S.

(B) ADDRESS:

98, rue Maurice-Arnoux, F-92120 Montrouge, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☒ Publication Fee
☐ Advance Order - # of Copies

4b. Payment of Fee(s)

☐ A check in the amount of the fee(s) is enclosed
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0665 (enclose an extra copy of this form).

5. Change of Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Robert M. Isackson/

Date October 26, 2009

Registration No. 31,110

Typed or Printed name Robert M. Isackson

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